

**FOR INTERNAL USE ONLY**  
(To be assigned by Deputy Directors Office)**CLIENT DEATH REPORT**

CASE FILE #

**LICENSING OFFICE INFORMATION**

1. RESPONSIBLE LICENSING OFFICE		2. PHONE #	
3. LICENSING PROGRAM ANALYST	4. LICENSING PROGRAM SUPERVISOR	5. <input type="checkbox"/> INITIAL REPORT DATE:	
		6. <input type="checkbox"/> ADDENDUM DATE:	
6. RIS NUMBER (IF APPLICABLE)	7. COMPLAINT INVESTIGATION NUMBER (IF APPLICABLE)	8. LEGAL CASE NUMBER (IF APPLICABLE)	

**CLIENT INFORMATION**

9. CLIENT'S NAME	10. AUTHORIZED REPRESENTATIVE	11. DOB	12. SEX
13. PLACEMENT AGENCY		14. DATE OF ADMISSION	
15. DATE AND TIME OF DEATH		16. PLACE OF DEATH	
17. HOW DID CCLD LEARN OF DEATH		18. DATE OF NOTIFICATION	

**FACILITY INFORMATION**

19. LICENSEES NAME (FFA NAME, IF APPLICABLE)		20. FACILITY NAME		21. FACILITY NUMBER	
22. FACILITY ADDRESS			23. CITY		24. ZIP CODE
25. FACILITY PHONE #		26. FACILITY TYPE		27. TYPE OF CLIENTS SERVED	
28. LICENSED CAPACITY	29. CENSUS AT TIME OF DEATH	30. # OF OTHER FACILITIES	31. OTHER FACILITY NAMES		
32. DATE FIRST LICENSED		33. LICENSE STATUS		34. OTHER LICENSE TYPES	

**CERTIFIED FAMILY HOME**

35. CFH NAME (CERTIFIED PARENT NAME)		
36. CFH ADDRESS	37. CITY	38. ZIP CODE

Submit completed forms to the Deputy Director's Office  
E-mail: cclddeputydirector@dss.ca.gov or Fax: (916) 657-3783 Attention: Death Report Notice

Submit addendum as additional information becomes available

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**ADDITIONAL INFORMATION**

39. SUSPECTED CAUSE OF DEATH AND PERSON MAKING THAT DETERMINATION:

40. CAUSE OF DEATH FROM CORNER'S REPORT:

41. CHRONOLOGY OF EVENTS LEADING UP TO DEATH:

42. COMPLIANCE HISTORY OF FACILITY:

43. BACKGROUND CHECK INFORMATION:

44. SPECIAL CIRCUMSTANCES (I.E., PRIOR DEATHS, PROBATIONARY LICENSE, WAIVERS, EXCEPTIONS, ETC.):

45. ACTION TAKEN BY FACILITY AT TIME OF DEATH AND IMMEDIATELY FOLLOWING:

46. ACTION TAKEN BY LICENSING OFFICE:

47. PLANNED ACTIONS (I.E., TSO, REVOCATIONS, ETC.):

48. OTHER AGENCIES INVOLVED (I.E., CPS, APS, LEGAL DIVISION):

49. MEDIA INQUIRIES:

50. STATUS OF LAW ENFORCEMENT INVOLVEMENT INCLUDING INFORMATION AVAILABLE OR REQUESTED FROM LAW ENFORCEMENT:

Submit completed forms to the Deputy Director's Office  
E-mail: [cclddeputydirector@dss.ca.gov](mailto:cclddeputydirector@dss.ca.gov) or Fax: (916) 657-3783 Attention: Death Report Notice

## **INSTRUCTIONS - CLIENT DEATH REPORT**

### **LICENSING OFFICE**

1. Responsible Licensing Office - Name of county or state licensing office.
2. Phone Number - The area code and telephone number of licensing office.
3. Licensing Program Analyst - Name of person completing this form.
4. Licensing Program Supervisor - Name of person who supervises the analyst completing this form.
5. Initial Report/Addendum/Date - Check the appropriate box to indicate whether submitting initial report or addendum. Enter month, day, and year submitting report.
6. RIS Number - Enter regional Investigation Section (RIS) complaint number (if applicable).
7. Complaint Investigation Number - Enter county or state licensing office complaint number (if applicable).
8. Legal Case Number - Enter case number assigned by legal office (if applicable).

### **CLIENT INFORMATION**

9. Client's Name - Enter name of deceased person.
10. Authorized Representative - Enter name of parent, legal guardian, conservator or public placement agency authorized by law to act on behalf of the client.
11. DOB - Enter client's date of birth (DOB).
12. Sex - Enter client's sex (male or female).
13. Placement Agency - Enter name of placement agency ( if applicable).
14. Date of Admission - For child care client's enter date enrolled from Child Care Facility Roster. For Residential clients enter date from the Admission Agreement.
15. Date and time of Death - Enter month, day, year and time of client's death.
16. Place of Death - Enter location where death occurred (i.e., hospital, licensed facility, home, pool, etc.)
17. How did the Licensing Office learn of death - Enter name of source that provided information regarding client's death (i.e., Law Enforcement, APS, CPS, Media, Complaint, etc.)
18. Date of Notification - Enter month, day, and year the licensing agency was notified of client's death.

### **FACILITY INFORMATION**

19. Licensees Name - Enter name of license as it appears on the license.
20. Facility Name - Enter name of facility as it appears on the license.
21. Facility Number - Enter licensing facility number as it appears on the license.
22. Facility Address - Enter the physical address of the facility.
23. City - Enter name of city where facility is physically located.

## **INSTRUCTIONS - CLIENT DEATH REPORT - Continued**

### **FACILITY INFORMATION**

- 24. Zip Code - Enter zip code for physical address of facility.
- 25. Facility Phone Number - Enter facility area code and telephone number.
- 26. Facility Type - Enter type of facility (i.e., Family Child Care Home, Foster Family Home, etc.)
- 27. Type of Clients Served - Enter client type (i.e., Children, Adult, Elderly, etc.)
- 28. Licensed Capacity - Enter license capacity as it appears on the license.
- 29. Census at Time of Death - Enter number of clients in care at time of client's death.
- 30. Number of Other Facilities - Enter total number of other facilities operated by licensee.
- 31. Other Facility Names - Enter name(s) of any other facilities operated by the licensee (attach additional sheet if needed).
- 32. Date First Licensed - Enter date facility licensed as it appears on the license.
- 33. License Status - Enter status of license at time of clients death (i.e., licensed, provisional, probationary, pending, etc.)
- 34. Other License Types - Enter facility type code for any other facilities operated by the license (i.e., Family Child Care Home, Foster Family Home, etc.)

### **CERTIFIED FAMILY HOME**

- 35. CFH/Certified Parent Name - Enter name of certified parent.
- 36. CFH Address - Enter physical address of certified home.
- 37. City - Enter name of city where certified family home is physically located.
- 38. Zip Code - Enter zip code for physical address where facility is located.

### **ADDITIONAL INFORMATION**

- 39. Suspected Cause of Death and Person Making that Determination - Enter suspected cause of client death as determined by law enforcement, physician, paramedic report, etc.
- 40. Cause of Death from Coroner's Report - Enter cause of clients death as determined by Coroner's Report.
- 41. Chronology of Events Leading up to Death - Enter any prior documented incidents and dates specific to deceased client.
- 42. Compliance History of Facility- Enter any prior compliance information from the 809s or 9099s.
- 43. Background Check Information - Verify whether all required adults had been cleared; verify if any exemptions or exclusions were granted, if so, explain.
- 44. Special Circumstances - Enter any prior deaths, probationary license, waivers, exceptions, etc. and dates, if applicable.
- 45. Action taken by facility at time of death and immediately following: Enter action taken by facility (i.e., called police, licensing, etc.)
- 46. Action taken by Licensing Office - Enter action taken by licensing office (i.e., site visit, notified CPS, APS, etc.)
- 47. Other Agencies Involved - Enter agencies (i.e., CPS, APS, Legal, etc.)
- 48. Media Inquiries - Enter newspaper, radio, television inquiries etc. (i.e., contacted by channel X)
- 49. Status of Law Enforcement Involvement - Enter Law Enforcement investigation information if available and any requested information from Law Enforcement.